



## BACKGROUND & FINGERPRINT REIMBURSEMENT

AGENCY: \_\_\_\_\_ AGENCY #: \_\_\_\_\_ REGION \_\_\_\_\_ INVOICE MONTH/DAY/YR \_\_\_\_\_

### BACKGROUND AND FINGERPRINTING CHECKS

DESCRIPTION (Criminal/Fingerprint)	EMPLOYEE INITIALS (First, Middle, Last)	PRIVATE INVESTIGATOR/TBI	INVESTIGATOR TENNESSEE LICENSE #	PI AGENCY RATE CHARGED	TOTAL REIMBURSEABLE AMOUNT DUE

Authorized Signature (Please Print): \_\_\_\_\_ Total Reimbursement Request: \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Mail to:** DIDD  
Business Services  
Andrew Jackson Bldg., 13<sup>th</sup> Floor  
Suite 1379  
500 Deaderick Street  
Nashville, TN 37243

**E-mail to:** DIDD\_special.services@tn.gov

**Please note:** This reimbursement form

- must include supportive documentation
- will not be reimbursed for amounts over \$50.00 per background check \$48.00 per background check
- duplicate page if more space needed
- new hires only, must have worked at least 2 hours
- minimum state background search
- reimbursement request must be received within three (3) months of background check date
- DIDD will reimburse criminal background checks or fingerprint checks
- Use separate form for each invoice date

## **INSTRUCTION SHEET FOR BACKGROUND & FINGERPRINT REIMBURSEMENT**

AGENCY NAME – Fill in agency that is requesting the reimbursement.

AGENCY # - This is the 5 digit number found on the PRA, in the upper left corner.

REGION – E = East, M = Middle, or W = West (If submitting reimbursement requests for more than one region, please use a separate reimbursement form for each region).

INVOICE MONTH/DAY/YR – This should be the invoice date that the checks were completed (needs to correspond to attached documentation).

DESCRIPTION – List the type of check performed – C = Criminal **OR** F = Fingerprint.

EMPLOYEE INITIALS – Include **all three** initials of the employee on whom the check was performed.

PRIVATE INVESTIGATOR/TBI - This is the agency that performed the check, i.e. private background agency. Fingerprint checks will still be done by the TBI, but you will have to submit documentation for reimbursement.

INVESTIGATOR TENNESSEE LICENSE # - The private investigator or investigator agency must be licensed in the state of Tennessee for the claim to qualify for reimbursement. The valid license number can be found at <http://verify.tn.gov/>.

PI AGENCY RATE CHARGED – This is the amount that you were charged per background check. DIDD will only reimburse up to \$50 for criminal background **or** \$48 for fingerprint.

TOTAL REIMBURSEABLE AMOUNT DUE – This should be the total amount requested for each employee to be reimbursed by DIDD.

AUTHORIZED BY – This must be the **printed** name of the preparer.

TOTAL REIMBURSEMENT REQUEST – Enter the total for the entire form.

PHONE NUMBER – This is the number at which DIDD may contact the preparer of the form.

EMAIL – This is the email address at which DIDD may contact the preparer of the form.

DATE – This is the date that the form was prepared.

**You may submit your billing electronically @**

**[DIDD\\_Special.Services@tn.gov](mailto:DIDD_Special.Services@tn.gov)**

**Or**

You may mail your billing to the address below:

DIDD  
Business Services  
Andrew Jackson Bldg., Ste. 1379  
500 Deaderick St.  
Nashville, TN 37243